07/14/2011 12:56

Image# 11931823057

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 06 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule: F3XA Amended to reflect refund of personal contribution to PAC not reported on original filing.

Transaction ID:

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2010 Y Y		263211.18
(b) Cash on Hand at Begining of Reporting Period	235394.79	
(c) Total Receipts (from Line 19)	24032.86	359937.45
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	259427.65	623148.63
Total Disbursements (from Line 31)	5664.86	369385.84
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	253762.79	253762.79
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

м м 1 1 23 м°м 12 3 1 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 15469.84 272918.68 (i) Itemized (use Schedule A) 7545.24 80040.65 (ii) Unitemized (iii) TOTAL (add 23015.08 352959.33 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 23015.08 352959.33 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1017.78 6478.12 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 500.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 24032.86 359937.45 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 24032.86 359937.45 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B
II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	539.86	7310.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	539.86	7310.84
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	361500.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	125.00	575.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	125.00	575.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	5664.86	369385.84
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	ECC 4 OC	000005.04
from Line 31)	5664.86	369385.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Ope Expenditures	rating COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loa from Line 11(d), page 3)	·	352959.33
34. Total Contribution Refunds (from Line 28(d))	125.00	575.00
 Net Contributions (other than loar (subtract Line 34 from Line 33) 		352384.33
6. Total Federal Operating Expendit (add Line 21(a)(i) and Line 21(b))	539.86	7310.84
7. Offsets to Operating Expenditure (from Line 15, page 3)	1017.70	6478.12
 Net Operating Expenditures (subtract Line 37 from Line 36) 	-477.92	832.72

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carla Renee Ainsworth, MD Mailing Address 4933 51St Ave S City Seattle FEC ID number of contributing federal political committee. Name of Employer Swedish Medical Center Receipt For: Primary General Other (specify)	State Zip Code WA 98118-2051 C Occupation Family Physician Aggregate Year-to-Date 270.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kelly Alberda, MD Mailing Address 1313 Red River St Ste City Austin FEC ID number of contributing federal political committee. Name of Employer Seton Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) Janet R Albers, MD Mailing Address 612 Woodbridge Rd City Springfield FEC ID number of contributing federal political committee. Name of Employer SIU Family Medicine Ctr Receipt For: Primary General Other (specify)	State Zip Code IL 62711-5666 C Occupation Physician Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		70.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 47 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mohammed Ashraf, MD Mailing Address 7200 Manchester Rd			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Saint Louis	State MO	Zip Code 63143-2403	Transaction ID: C1150087
	FEC ID number of contributing federal political committee.	C	03143-2403	Amount of Each Receipt this Period 91.25
	Name of Employer People Health Center Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
- В.	Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD Mailing Address 182 East Ave			Date of Receipt 1 2 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: C1157536
	Tallmadge FEC ID number of contributing federal political committee.	OH C	44278-2311	Amount of Each Receipt this Period 46.00
	Name of Employer Summa Physicians, Inc.	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' ' '	e Year-to-Date ▼ 368.00	
- C.	Full Name (Last, First, Middle Initial) Frederic Baker, MD			Date of Receipt
	Mailing Address 32 Mark Cir			12 17 2010
	City Holden	State MA	Zip Code 01520-1410	Transaction ID: C1161330 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		43.64
	Name of Employer UMMHC	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 480.04	
	SUBTOTAL of Receipts This Page (optional)	1		180.89
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each catego Detailed Summa	ry of the
Ar	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or use e name and address of any politica	d by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committe	эе
	Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD		Date of Receipt
	Mailing Address 1500 S Main St		12 13 2010
	City	State Zip Code	Transaction ID: C1157529
	Fort Worth	TX 76104-4917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	210.00
	Name of Employer Self Employed	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼		2500.00
	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO	.L	Date of Receipt
	Mailing Address 10330 N Meridian St	Ste 300	11 29 2010
	City	State Zip Code	Transaction ID: C1147929
	Indianapolis	IN 46290-1024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	36.50
	Name of Employer Akron General Medical Cen- ter	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.00
	Full Name (Last, First, Middle Initial) Mark Harris Belfer, DO	.1	Date of Receipt
	Mailing Address 10330 N Meridian St	Ste 300	12
	City	State Zip Code	Transaction ID: C1166422
	Indianapolis	IN 46290-1024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	36.50
	Name of Employer Akron General Medical Cen- ter	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00
		1	283.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 47 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Janice L Benson, MD			Date of Receipt
	Mailing Address 500 East 51st Street 7th floor, Dept of Fam	and Comm	Me	12 12 2010
	City	State	Zip Code	Transaction ID: C1157523
	Chicago	IL	60615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.66
	Name of Employer Provident Hospital	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	1
_ s.	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD			Date of Receipt
	Mailing Address 4407 Leedy Rd			11 27 2010
	City	State	Zip Code	Transaction ID: C1147921
	Kingsport FEC ID number of contributing federal political committee.	C	37664-2117	Amount of Each Receipt this Period 100.00
	Name of Employer East Tennessee State Univ- ersity	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1200.00	
_	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD			Date of Receipt
-	Mailing Address 4407 Leedy Rd			12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1166023
	Kingsport FEC ID number of contributing federal political committee.	C	37664-2117	Amount of Each Receipt this Period 100.00
	Name of Employer East Tennessee State University	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	, ' ' 	e Year-to-Date ▼ 1200.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		245.66

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for cor	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full)	statements ma name and ad	y not be sold or used by any pers dress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	rican Academy of Family Physicia	ans Political	Action Committee	
Rober	lame (Last, First, Middle Initial) t C M Bourne, MD			Date of Receipt
Mallin —— City	g Address 1300 E Cooley Dr	State	Zip Code	11 29 2010
Colto	on	CA	92324-3905	Transaction ID: C1148617 Amount of Each Receipt this Period
FEC I	ID number of contributing al political committee.	C		30.42
Name Beave	e of Employer er Medical Group	Occupation Physicia		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 392.69	
June (lame (Last, First, Middle Initial) G Bredin, MD			Date of Receipt
	g Address 4924 153Rd PI Sw			12 13 2010
City		State	Zip Code	Transaction ID: C1157527
FEC I	onds ID number of contributing al political committee.	C	98026-4435	Amount of Each Receipt this Period 30.00
Name Wa D	e of Employer SHS/Rainier School	Occupation Famly P		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
	lame (Last, First, Middle Initial) e E Burgher-Jones, Burgher-Jo	1		Date of Receipt
	g Address 1900 10Th Ave Ste 10 Columbus			12 17 2010
City	mbus	State GA	Zip Code	Transaction ID: C1161315
FEC I	ID number of contributing al political committee.	C	31901-3601	Amount of Each Receipt this Period 250.00
Name Colur	e of Employer nbus Regional Health	Occupation Physicia		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
		1		310.42

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physi	d Statements may not be sold or used by any perso the name and address of any political committee to cians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mary F Campagnolo, MD Mailing Address 1561 Route 38 Ste 6 City Lumberton FEC ID number of contributing federal political committee. Name of Employer Lumberton Family Physicians, LLC Receipt For: Primary General Other (specify)	State Zip Code NJ 08048-2939 C Occupation Physician Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 3 0 2 0 1 0 Transaction ID: C1150089 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mary F Campagnolo, MD Mailing Address 1561 Route 38 Ste 6 City Lumberton FEC ID number of contributing federal political committee. Name of Employer Lumberton Family Physicians, LLC Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Adam Carlyle, MD Mailing Address PO BOX 3014 2309 Buchanan Dr City Ames FEC ID number of contributing federal political committee. Name of Employer Family Medicine East Receipt For: Primary General Other (specify)	State Zip Code IA 50010-3014 C Occupation Physician Aggregate Year-to-Date 2500.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 13 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ig the name and add	uress or any political committee to	o solicit contributions from such committee.
American Academy of Family Phy	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Cory D Carroll, MD			Date of Receipt
Mailing Address 1040 E Elizabeth S	St Ste 2		12 17 2010
City	State	Zip Code	Transaction ID: C1161331
Fort Collins	CO	80524-3952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Lisa Rene Otto Cash, MD	I		Date of Receipt
Mailing Address PO BOX 232			12 16 YYYYY
City	State	Zip Code	Transaction ID: C1161098
West Point	VA	23181-0232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		24.00
Name of Employer Tidewater Physical Multi Spec	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Steven Michael Connolly, Connolly			Date of Receipt
Mailing Address 436 Hinsdale Rd Camillus			12 10 YYYY 12 10 2010
City <u>Ca</u> millus	State NY	Zip Code 13031-1648	Transaction ID: C1157254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Family Care Medical Group	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	······	574.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 14 / 47 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and address of any pol	itical committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Steven A Crawford, MD Mailing Address 900 Ne 10Th St			Date of Receipt
City Oklahoma City FEC ID number of contributing	State Zip Code OK 73104-54	20	Transaction ID: C1154711 Amount of Each Receipt this Period
federal political committee. Name of Employer University of Oklahoma Receipt For:	Occupation Physician Faculty		230.00
Primary General Other (specify) ▼	Aggregate Year-to-Date	2530.00	
Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD Mailing Address 301 Governors Dr	Sw		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: C1147583
Huntsville	AL 35801-51	22	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Univ. of AL Sch of Med - Huntsville Re Receipt For:	Occupation Physician Aggregate Year-to-Date	▼	
Primary General Other (specify) ▼	- I I I I I I I I I I I I I I I I I I I	540.00	
Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD Mailing Address 301 Governors Dr	2		Date of Receipt
	OW .		12 24 2010
City	State Zip Code		Transaction ID: C1166020
Huntsville FEC ID number of contributing federal political committee.	AL 35801-51	22	Amount of Each Receipt this Period 45.00
Name of Employer Univ. of AL Sch of Med - Huntsville Re Receipt For:	Occupation Physician		
Primary General Other (specify) ▼	Aggregate Year-to-Date	540.00]
SUBTOTAL of Receipts This Page (option:	51)		320.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 47 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physicia	ans Political	Action Committee	
Full Name (Last, First, Middle Initial) John M Croci, Croci			Date of Receipt
Mailing Address 5705 Monclova Rd Maumee			12 27 7 2010
City	State	Zip Code	Transaction ID: C1166369
<u>Maumee</u>	OH	43537-1875	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Well Care	Occupation Physician		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
Other (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Allen Joe Daugird, Daugird			Date of Receipt
Mailing Address 251 Rosaline Dr Durham			11 29 YYYY
City	State	Zip Code	Transaction ID: C1149903
<u>Durham</u>	NC	27713-6747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer UNC	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
Mailing Address 804 Huntington Ct			M M / D D / Y Y Y Y Y Y 1 1 1 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: C1150082
Albany	NY	12203-6015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Prime Care Physicians PL- LC	Occupation Family P		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	>	1365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	and Statements may not be sold or used by any person the name and address of any political committee sicians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jose M David, MD		Date of Receipt
Mailing Address 804 Huntington Ct		12 24 2010
City <u>Albany</u>	State Zip Code NY 12203-6015	Transaction ID: C1172199
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Prime Care Physicians PL- LC	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Lisa Grill Dodson, Dodson		Date of Receipt
Mailing Address 3181 Sw Sam Jack Portland		12 09 2010
City	State Zip Code	Transaction ID: C1155372
Portland FEC ID number of contributing federal political committee.	OR 97239-3011	Amount of Each Receipt this Period 365.00
Name of Employer OR Health Sciences Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Tamarah L Duperval-Brownlee, MD		Date of Receipt
Mailing Address 2150 W Irving Park	k Rd Unit F	12 14 2010
City	State Zip Code	Transaction ID: C1158597
Chicago	IL 60618-3941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer University of Illinois	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	890.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 47 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics And Information copied from such Reports a confidence of the commercial purposes, other than using the commercial purposes.	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Kenneth Max Eakin, MD Mailing Address 3 Junction Dr W		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1146829
Glen Carbon	IL 62034-2916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer Family Physicians of Madi	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial) Sheridan Scott Evans, MD		Date of Receipt
Mailing Address 417 Shumate Dr		12 18 2010
City	State Zip Code	Transaction ID: C1161881
Mckinney	TX 75071-7851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.50
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
Full Name (Last, First, Middle Initial) Seth Yawki Flagg, MD		Date of Receipt
Mailing Address 9129 Bradford Rd		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID: C1154686
Silver Spring	MD 20901-4917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer USN	Occupation Doctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	
SUBTOTAL of Receipts This Page (ontion	al)	157.75

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael O Fleming, MD Mailing Address 556 Dunmoreland City Shreveport FEC ID number of contributing federal political committee. Name of Employer Amedisys, Inc Receipt For: Primary General	Dr State Zip Code LA 71106-6125 C Occupation Chief Medical Officer Aggregate Year-to-Date ▼ 2750.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: C1147924 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Chet M Gentry, MD Mailing Address 545 Jamestown Ro PO Box 805 City Cookeville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Date of Receipt M M M / D D O / Y Y Y Y Y 1 2 0 1 0 Transaction ID: C1154760 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Paul Eugene Gerard, III Mailing Address 100 Helmwood Pla Elizabethtown City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	al)	980.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us	and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Pl	nysicians Political Action Committee	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence City	State Zip Code	1 2 1 2 2 0 1 0 Transaction ID: C1157521
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	413.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Gregory K Griggs		Date of Receipt
Mailing Address NC AFP - Exec \ PO Box 10278		12 14 2010
City Raleigh	State Zip Code NC 27605-0278	Transaction ID: C1158599
FEC ID number of contributing federal political committee.	NC 27605-0278	Amount of Each Receipt this Period 45.66
Name of Employer NC AFP	Occupation NC AFP - Exec Vice Pres	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Bob Arvid Grubbs, MD		Date of Receipt
Mailing Address 9817 Farmingtor	n Rd	11 29 2010
City	State Zip Code	Transaction ID: C1149904
Tuscaloosa FEC ID number of contributing federal political committee.	AL 35405-9427	Amount of Each Receipt this Period 365.00
Name of Employer University Family Practice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (opti-	onal)	823.66
	umber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physician	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Lori J Heim, MD			Date of Receipt
	Mailing Address 250 Hollybrook Farm			12 14 2010
	City Vass	State NC	Zip Code 28394-8952	Transaction ID: C1158592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.63
	Name of Employer Scotland Memorial Hospital	Occupation Physician		7
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	Year-to-Date ▼ 5000.00	
- 3.	Full Name (Last, First, Middle Initial) Creston C Herold, Jr Mailing Address 6375 Mercury Dr Ste 2	200		Date of Receipt
	City	State	Zip Code	1 2 0 9 2 0 1 0 Transaction ID: C1156635
	<u>Mechanicsburg</u>	PA	17050-5282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer West Shore Family Practice	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) David Standish Hoskins, MD	1		Date of Receipt
	Mailing Address PO BOX 2200			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1150088
	Minden FEC ID number of contributing federal political committee.	C	89423-2200	Amount of Each Receipt this Period 121.67
	Name of Employer Self Employed	Occupation Physician		7
	Receipt For: Primary General Other (specify) ▼	, · · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 365.01	
	SUBTOTAL of Receipts This Page (optional)	1		788.30

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/47 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physics	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Elvin C Irvin, MD			Date of Receipt
Mailing Address 555 E Cheves St			12 16 2010
City Florence	State SC	Zip Code	Transaction ID: C1161099
FEC ID number of contributing federal political committee.	C	29506-2617	Amount of Each Receipt this Period 50.00
Name of Employer Baptist Health Care	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gary V James, James			Date of Receipt
Mailing Address PO BOX 559 Marion			1 1 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marion	State KY	Zip Code	Transaction ID: C1146805
FEC ID number of contributing federal political committee.	C	42064-0559	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jessica Johnson			Date of Receipt
Mailing Address 38 Hall St			1 2 1 5 2 0 1 0
City Newington	State CT	Zip Code	Transaction ID: C1159630
FEC ID number of contributing federal political committee.	C	06111-2553	Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupatio Student	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 295.00	
			450.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	rinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Jessica Johnson Mailing Address 38 Hall St City Newington FEC ID number of contributing rederal political committee. Name of Employer N/A Receipt For: Primary General	State CT C Occupation Student Aggregate	Zip Code 06111-2553 on e Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
B	Other (specify) ▼ Full Name (Last, First, Middle Initial) Melody Ann Jordahl-lafrato, Jordahl-la Mailing Address 20 E White Mountain E Lakeside City Lakeside FEC ID number of contributing ederal political committee. Name of Employer DHHS Receipt For: Primary General Other (specify) ▼	State AZ C Occupation Resident	Zip Code 85929-6807	Date of Receipt M M
C	Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD Mailing Address 6502 62Nd Street Ct V City University Place FEC ID number of contributing federal political committee. Name of Employer Multicare Health System Receipt For: Primary General Other (specify)	State WA C Occupation Family F	Zip Code 98467-4954 on Physician e Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	BTOTAL of Receipts This Page (optional)		<u> </u>	146.00

	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any personal the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD Mailing Address 6502 62Nd Street C City University Place FEC ID number of contributing federal political committee.	State Zip Code WA 98467-4954	Date of Receipt M M
Name of Employer Multicare Health System Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) Laura C Knobel, MD Mailing Address 3 Freedom Way City	State Zip Code	Date of Receipt 1 2 1 8 2 0 1 0 Transaction ID: C1161882
Walpole FEC ID number of contributing federal political committee.	MA 02081-2290 C Occupation	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Carl G Knopke, MD Mailing Address 7950 Harbart Dr		Date of Receipt 1 2 1 8 2 0 1 0
City Riverside	State Zip Code CA 92506-7559	Transaction ID: C1161883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional	J)	195.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other that NAME OF COMMITTEE (In Full) American Academy of Family	n using the name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Marianne C LaBarbera, MD Mailing Address 1776 Richmo City Staten Island		Zip Code 10306-2581	Date of Receipt 1 2 1 0 2 0 1 0 Transaction ID: C1157538 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		46.00
Full Name (Last, First, Middle Initial Andrew L Landers, MD Mailing Address 741 Dalmore City Fayetteville FEC ID number of contributing federal political committee. Name of Employer United States Army Receipt For: Primary General Other (specify)	Dr State NC C Occupation Physicia		Date of Receipt M M M
Full Name (Last, First, Middle Initial Paul Alan Lazar, MD Mailing Address G3230 Beech Ste 1 City Flint FEC ID number of contributing federal political committee. Name of Employer McLaren Receipt For: Primary General Other (specify)	State MI C Occupatic Physicia		Date of Receipt M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		456.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any person to name and address of any political committee to sians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) W Hugh Leedy, Leedy Mailing Address 1327 Superior St Sandpoint City Sandpoint FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code ID 83864-1735 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD Mailing Address 615 S Mill St City Fergus Falls FEC ID number of contributing federal political committee. Name of Employer Lake Region Medical Group Receipt For: Primary General Other (specify)	State Zip Code MN 56537-2756 C Occupation Physician Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y 2 0 1 0 Transaction ID: C1154770 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Howard C McMahan, MD Mailing Address PO Box 779 City Ocilla FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code GA 31774-0779 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	677.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 47 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) James Joseph Meyer, MD		, , , , , , , , , , , , , , , , , , , 	Date of Receipt
••	Mailing Address Mountaintop Family H 12543 N. Highway 83			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1157524
	Parker FEC ID number of contributing federal political committee.	C	80134-8800	Amount of Each Receipt this Period 182.50
	Name of Employer Clinix Health Services of Colorado Receipt For: Primary General Other (specify) ▼	Occupation Family P		
	Full Name (Last, First, Middle Initial) Kevin P Mikus, Mikus Mailing Address 332 Sam Newell Rd, S	Ste 2000		Date of Receipt
	Matthews	Otata	7:- Code	11 27 2010
	City Matthews	State NC	Zip Code 28105	Transaction ID: C1147922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20100	150.00
	Name of Employer Carolinas Physician Netwo- rk	Occupation Family P		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00]
	Full Name (Last, First, Middle Initial) Kevin P Mikus, Mikus Mailing Address 332 Sam Newell Rd, S Matthews	Ste 2000		Date of Receipt 1 2 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: C1166024
	Matthews	NC	28105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Carolinas Physician Netwo- rk	Occupatio Family P	hysician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			482.50

	HEDULE A (FEC Form 3X) MIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or fo	information copied from such Reports and recommercial purposes, other than using to IAME OF COMMITTEE (In Full) American Academy of Family Physic	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>A</u>	full Name (Last, First, Middle Initial) Anne M Montgomery, MD			Date of Receipt
_	Mailing Address 104 W 5Th Ave Ste	200W State	Zip Code	1 2 0 8 2 0 1 0 Transaction ID: C1155192
	Spokane	WA	99204-4803	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		100.00
r	lame of Employer nland Empire Hospital Se- vices Associ	Occupation Physicia		
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1200.00	
N	full Name (Last, First, Middle Initial) Mary Helen Morrow, MD	_ I		Date of Receipt
N	Mailing Address 220 W Trinity St		12 06 2010	
C	City	State	Zip Code	Transaction ID: C1154725
<u>N</u>	Madisonville	TX	77864	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		25.00
<u>ia</u>	lame of Employer St Joseph Physician Assoc- ates	Occupation Physicia		
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) ulio E Navarro, Navarro	1		Date of Receipt
M	Mailing Address 927 Mather Drive Bear			1 2 1 3 2 0 1 0
C	City	State	Zip Code	Transaction ID: C1157530
<u>E</u>	Bear	DE	19701	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		332.00
<u> </u>	lame of Employer Horizons Family Practice PA	Occupation Physicia	n	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUI	BTOTAL of Receipts This Page (optional)			457.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/4/ (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Joseph Neller			Date of Receipt
Mailing Address 1118 Shelter Ln			1 2 0 5 2 0 1 0
City	State	Zip Code	Transaction ID: C1154713
Lansing FEC ID number of contributing federal political committee.	C	48912-5026	Amount of Each Receipt this Period 43.00
Name of Employer MA AFP	Occupatio Governm	n nent Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Carrie E Nelson, MD			Date of Receipt
Mailing Address 520 W Indiana St			1 2 1 5 2 0 1 0
City Wheaton	State IL	Zip Code	Transaction ID: C1159629
FEC ID number of contributing federal political committee.	C	60187-2325	Amount of Each Receipt this Period 31.00
Name of Employer McKesson Health Solutions	Occupatio Medical I		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 279.00	1
Full Name (Last, First, Middle Initial)	0 0		
Yvette Oquendo, MD			Date of Receipt
Mailing Address 7442 Weather Wor	n Way		12 14 2010
Calumahia	State	Zip Code	Transaction ID: C1158598
Columbia FEC ID number of contributing federal political committee.	MD C	21046-1480	Amount of Each Receipt this Period 35.00
Name of Employer Potomac Physicians, PA	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional			109.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 47 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physi	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Javette C Orgain, MD Mailing Address PO BOX 806527			Date of Receipt
City	State IL	Zip Code 60680-4126	1 2 1 4 2 0 1 0 Transaction ID: C1158602
FEC ID number of contributing federal political committee.	C	00000-4120	Amount of Each Receipt this Period 125.00
Name of Employer UNIVERSITY OF ILLINOIS CO- LLEGE OF MEDI Receipt For: Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) Maureen O Padden, MD, MPH Mailing Address 6000 W Highway 98 COMMAND SUITE	3		Date of Receipt 1 2 1 2 2 0 1 0
City	Transaction ID: C1157526		
Pensacola	FL	32512-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer US Navy	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 235.00]
Full Name (Last, First, Middle Initial) Elisabeth (Lisa) L Righter, Righter			Date of Receipt
Mailing Address UW Health Fox Valle 229 S Morrison St			11 27 2010
City Appleton	State WI	Zip Code 54911	Transaction ID: C1147923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		334.00
Name of Employer University of WI School of Med. & Pub. Receipt For:	Occupatio Physicial	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1002.00	
SUBTOTAL of Receipts This Page (optional	\ \	_	494.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for cor	mmercial purposes, other than using the r	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	E OF COMMITTEE (In Full) rican Academy of Family Physiciar	ns Political	Action Committee	
A. Elisab	ame (Last, First, Middle Initial) leth (Lisa) L Righter, Righter			Date of Receipt
Mailin	g Address UW Health Fox Valley F 229 S Morrison St	amily Med	ici	12 27 2010
City		State	Zip Code	Transaction ID: C1166025
<u>Appl</u>		WI	54911	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		334.00
Name Unive of Me	of Employer rsity of WI School d. & Pub.	Occupatio Physicial		
	pt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1002.00	
	ame (Last, First, Middle Initial) bth M Ripp, MD			Date of Receipt
Mailin	g Address 1402 Slate St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1150086
Cloq		MN	55720-3033	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		35.00
Name Raiter	of Employer Clinic	Occupatio Physicial		
	pt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		620.00	
	ame (Last, First, Middle Initial) eth M Ripp, MD			Date of Receipt
	g Address 1402 Slate St			12 30 7 2010
City <u>Cloq</u>	uot	State MN	Zip Code 55720-3033	Transaction ID: C1167039
FEC I	uet D number of contributing al political committee.	C	55720-3033	Amount of Each Receipt this Period 35.00
Name Raiter	of Employer r Clinic	Occupatio Physicial		
	pt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 620.00	
SUBTO	TAL of Receipts This Page (optional)			404.00
	This Period (last page this line number o		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Jacobo A Rivero, MD Mailing Address 710 Merwin Ct City	State	Zip Code	Date of Receipt 1 2 2 0 2 2 0 1 0 Transaction ID: C1161311
	Zillah FEC ID number of contributing federal political committee.	C	98953-9194	Amount of Each Receipt this Period 350.00
	Name of Employer Copenish Community Hospit- al Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
3.	Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani, DO Mailing Address 427 S Mountain Rd			Date of Receipt
	City	State	Zip Code	Transaction ID: C1154712
	Northfield FEC ID number of contributing federal political committee.	C	01360-9684	Amount of Each Receipt this Period 43.00
	Name of Employer Gardner Family Medicine	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	, ' ' 	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Sarah L Sams, MD	1		Date of Receipt
	Mailing Address 2994 Frazell Rd			11 28 2010
	City <u>H</u> illiard	State OH	Zip Code 43026-9785	Transaction ID: C1147926
	FEC ID number of contributing federal political committee.	C	43020-9763	Amount of Each Receipt this Period 100.00
	Name of Employer Grant Medical Center	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	, ' ' 	e Year-to-Date ▼ 1200.00	
	SUBTOTAL of Receipts This Page (optional)	1		493.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee ysicians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sarah L Sams, MD Mailing Address 2994 Frazell Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hilliard	State Zip Code OH 43026-9785	Transaction ID: C1166391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Grant Medical Center Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial)	1200.00	
Robert William Sander, MD Mailing Address 2300 Main St		Date of Receipt 1 2 3 0 2 0 1 0
City	State Zip Code	Transaction ID: C1167136
Stevens Point FEC ID number of contributing federal political committee.	WI 54481-3915	Amount of Each Receipt this Period 100.00
Name of Employer Ministry Medical Group	Occupation family physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) George E Schoephoerster, MD Mailing Address 3702 Sterling Dr		Date of Receipt 1 2 0 4 2 0 1 0
City	State Zip Code	Transaction ID: C1154709
Saint Cloud FEC ID number of contributing federal political committee.	MN 56301-9551	Amount of Each Receipt this Period 365.00
Name of Employer CentraCare Clinic	Occupation Geriatrician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
	nal)	565.00

ı	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	Idress of any political committee to	solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Brent William Smith, MD Mailing Address 267 Sweetwater Run			Date of Receipt
				12 09 2010
	City	State	Zip Code	Transaction ID: C1156636
	Niceville	FL	32578-1663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physicial Physi		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Brent Smith, MD			Date of Receipt
э.	Mailing Address 285 Normandy Cir			M M / D D / Y Y Y Y Y Y 1 1 2 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: C1157241
	Madison	MS	39110-9057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.50
	Name of Employer University of Mississippi Medical Cent	Occupation House C		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 366.00	
- C.	Full Name (Last, First, Middle Initial) Douglas Alan Spotts, MD			Date of Receipt
	Mailing Address 45 Forestwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1150084
	Lewisburg	PA	17837-6213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.62
	Name of Employer Self Employed	Occupation Physicial		
	Receipt For: Primary General Other (specify)	Aggregat	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			441.12
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee t	
American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Douglas Alan Spotts, MD		Date of Receipt
Mailing Address 45 Forestwood Dr	7'- 0-4	12 24 2010
City Lewisburg	State Zip Code PA 17837-6213	Transaction ID: C1171908 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.66
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Albert M Sterns, MD		Date of Receipt
Mailing Address 1021 Drexel Pkwy		12 18 2010
City	State Zip Code	Transaction ID: C1161884
Birmingham	AL 35209-6001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer N.W Ala Emerg Phys	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) John Thomas Stewart, Stewart		Date of Receipt
Mailing Address 1024 S Garfield Ave Alhambra		11 30 7 2010
City Alhambra	State Zip Code CA 91801-4762	Transaction ID: C1150649
FEC ID number of contributing federal political committee.	CA 91601-4762	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		560.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Windel A Stracener, MD Mailing Address 1050 Reid Pkwy Ste 210 City Richmond FEC ID number of contributing federal political committee. Name of Employer Inpatient Management Inc	State IN C Occupation Physicia.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Stacy J Taylor, MD Mailing Address 173 E Cotton Hill Rd City New Hartford FEC ID number of contributing federal political committee. Name of Employer ProHealth Physicians LLC Receipt For: Primary General Other (specify)	State CT C Occupatio Physicial Aggregate		Date of Receipt M M D D 2 0 1 0 Transaction ID: C1154715 Amount of Each Receipt this Period 43.00
Full Name (Last, First, Middle Initial) John Louis Tychonievich, MD Mailing Address 23 Brilliant Ave Apt 3 City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: Primary General Other (specify)	State PA C Occupatio Resident		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C1154726 Amount of Each Receipt this Period 73.00
SUBTOTAL of Receipts This Page (optional))	238.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 47 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic			
Full Name (Last, First, Middle Initial) Thomas J Weida, MD Mailing Address 845 Fishburn Rd City Hershey FEC ID number of contributing federal political committee. Name of Employer Hershey Medical Center	State PA C Occupation Physicia	Zip Code 17033-2015	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 550.00	
Lee Carl Whitaker, MD Mailing Address PO BOX 7425 Apartment 207 City St Thomas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VI C Occupation Physicia Aggregate		Date of Receipt M M
Full Name (Last, First, Middle Initial) Lee Carl Whitaker, MD Mailing Address PO BOX 7425 Apartment 207 City St Thomas FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VI C Occupation Physicia Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 4 2 0 1 0 Transaction ID: C1171909 Amount of Each Receipt this Period 45.66
SUBTOTAL of Receipts This Page (optional)			141.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	ne name and add	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J Mack Worthington, MD Mailing Address 1100 E 3Rd St City Chattanooga FEC ID number of contributing federal political committee.	State TN C	Zip Code 37403-2241	Date of Receipt M M M
Name of Employer University of Tennessee Receipt For: Primary General Other (specify) ▼	Physiciar		
Full Name (Last, First, Middle Initial) David K Zetterman, MD Mailing Address PO BOX 1817			Date of Receipt 1 2 0 1 2 0 1 0
City	State	Zip Code	Transaction ID: C1171906
Seward	AK	99664-1817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer Chugachmint	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) David K Zetterman, MD			Date of Receipt
Mailing Address PO BOX 1817			12 29 2010
City	State	Zip Code	Transaction ID: C1171907
Seward	AK	99664-1817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Chugachmint	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			170.00

SCHEDULE A (FEC Form 3X)		Harana and a sala da L. ()	FOR LINE NUMBER: PAGE 38 / 47
		Use separate schedule(s) for each category of the	(check only one)
II	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may not be sold or used by any personand address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)		
\rangle	American Academy of Family Physicians Pol	litical Action Committee	
	Full Name (Last, First, Middle Initial) Paul Victor Zimmer, MD		Date of Receipt
	Mailing Address 1818 E Rezanof Dr A-0040		12 13 2010
	City	ate Zip Code	Transaction ID: C1158090
	Kodiak Al	K 99615-6505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Solf Employed 1	upation rsician	
	Receipt For: Primary General Other (specify)	gregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number only)	•	15469.84

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 47 (check only one) 11a 11b 11c 12 13 14 X 15 16 17					
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.							
	/	American Academy of Family Physicians Political Action Committee							
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians	Date of Receipt							
	Mailing Address 11400 Tomahawk Cre	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: C1146801					
	Leawood	KS	66211-2672	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		958.77					
	Name of Employer	Occupatio	n						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 6478.12						
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt					
	Mailing Address 11400 Tomahawk Cre	ek Pkwy		12 13 2010					
	City	State	Zip Code	Transaction ID: C1157532					
	Leawood	KS	66211-2672	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		59.01					
	Name of Employer	Occupatio	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 6478.12						

SUBTOTAL of Receipts This Page (optional)	>	1017.78
TOTAL This Period (last page this line number only)	•	1017.78

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE			NUMBER: PAGE 40 / 47						
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	H	22 28a		23 28b	24 28	, F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	tion Committe	е										
Phoenix Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: House Disburse	State AZ	Zip Code 85072-3852			gory/ pe		Date o	of Di	sburse 0	D109ement	Υ	ž 0 1	Period
Senate President State: District:	Primary Other (spe	General Cify) ▼											
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Date o		sburse	D10sement		l 2 0 1	0 ^Y
•	State AZ	Zip Code 85072-3852					Amoui	nt of	f Each	Disbur	seme	ent this	Period
Purpose of Disbursement Bank card processing fee Candidate Name	ment For: Primary Other (spe	General			gory/ pe							25.2	8
Full Name (Last, First, Middle Initial) American Express							Transa Date o			D10	9772	2	
Mailing Address PO Box 53852							12	M .	0	6	Υ	ž 0 1	0 ^Y
Phoenix Purpose of Disbursement Bank card processing fee Candidate Name	ement For: Primary Other (spe	Zip Code 85072-3852 General cify) ▼			gory/ pe		Amoui	nt of	f Each	Disbur	seme	ont this	
SUBTOTAL of Disbursements This Page (optional) .		<u>.</u>	<u></u>		<u> </u>				-			35.8	4

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)						E NUMBER: PAGE 41 / 47							47	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	-	H	22 28a		23 28b	ш.	24 28c		25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name															
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Ac	ction Committe	ee												
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Trans Date of		sburs				0 1 () ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Disbu	ırse	men			d
Purpose of Disbursement Bank card processing fee Candidate Name				ate Ty _l	gory/								1.14		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Trans Date of		sburs				0 Ť () ^Y	
	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Disbu	ırse	men	t this f	Period	
Purpose of Disbursement Bank card processing fee Candidate Name	AZ	85072-3852	Ca	ate	gory/								8.87	7	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Ту											
Full Name (Last, First, Middle Initial) American Express							Trans Date o	of Di	sburs	ement					
Mailing Address PO Box 53852							^M 2	М	1	0 /	Y	ž	010) ^Y	
Phoenix	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	Disbu	ırse	men	t this f	-	d
Purpose of Disbursement Bank card processing fee Candidate Name				ate Ty _l	gory/ pe			•	•		•	•	3.90		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
SUBTOTAL of Disbursements This Page (optional)					<u> </u>			•			•		15.94		

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SCHEDULE B (FEC Form 3X)	Han a manata a charlet ()	FOR LINE N	NUMBER: PAGE 42/47
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any political d	John Millier to Solic	Cit contributions from such committee
American Academy of Family Physicians I	Political Action Committee)	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D109776
·			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 53852			12 14 2010
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			1.50
Candidate Name		Category/ Type	
Office Sought: House Disburse	ement For:	туре	
Senate President	Primary General Other (specify) ▼		
State: District:	Ctrici (Specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D109708
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	7.2 0007.2 0002		7.15
Bank card processing fee Candidate Name		Category/	
		Type	
Office Sought: House Disburse Senate	ement For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D109709 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix}\begin{smallmatrix}M&&M\\1&1&\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&&&&&\\&2&9&\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&&&&&&\\&&2&0&1&0\end{smallmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
Phoenix Purpose of Disbursement	AZ 85072-3852		16.90
Bank card processing fee			
Candidate Name		Category/ Type	
, H	ement For:) I	
Senate President	Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			25.55

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)						E NUMBER: PAGE 43 / 47								
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	П	22 28a	\Box	23 28b	ш	24 28c		25 29	\longrightarrow	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														,	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	tion Committe	e												
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Transa Date o		sburs				0 1 (Y	
•	State AZ	Zip Code 85072-3852					Amoui	nt o	f Each	Disb	ırse	men	t this f	Period	_
Purpose of Disbursement Bank card processing fee Candidate Name					egory/								4.95		_
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify)			<u> </u>										
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Transa Date of		sburs				0 1 (Y	
	State	Zip Code					Amou	nt of			urse				—
Phoenix Purpose of Disbursement Bank card processing fee	AZ	85072-3852						•					0.98]
Candidate Name					egory/ rpe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial) American Express							Transa Date o		-			69			_
Mailing Address PO Box 53852							12	M .	1	^D 7	Y	ž	0 i (Y	
Phoenix	State AZ	Zip Code 85072-3852					Amoui	nt o	f Each	Disb	ırse	men		-	_ _
Purpose of Disbursement Bank card processing fee Candidate Name					gory/			0	•			•	7.80		_
Senate	ment For:	General		ТУ	rpe										
State: President State:	Other (spe	Cify) \blacktriangledown													
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>								13.73		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 44 / 47
TEMIZED DISBURSEMENTS	for each category of the	(check only	Tone) ☐ 22	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	е		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disbursemen	
Mailing Address PO Box 53852			12 / 20	Y ŽOŽOŠ
City	State Zin Code		Amount of Fools Dial	
	State Zip Code AZ 85072-3852		Amount of Each Disi	oursement this Period
Purpose of Disbursement Bank card processing fee				19.90
Candidate Name		Category/ Type		
Office Sought: House Disburse	ment For:	Турс		
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	110371
American Express			Date of Disbursemen	
Mailing Address PO Box 53852			12 0 20	Y ŽOŽOŠ
City	State Zip Code		Amount of Each Disl	oursement this Period
	AZ 85072-3852			2.64
Purpose of Disbursement Bank card processing fee				2.04
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Transaction ID: D	
American Express			Date of Disbursemen	
Mailing Address PO Box 53852			12 28	Y Ž O Ĭ O Y
	State Zip Code AZ 85072-3852		Amount of Each Disl	oursement this Period
Purpose of Disbursement				16.90
Bank card processing fee Candidate Name		Category/		
		Type		
Senate	ment For: Primary General			
State: District:	Other (specify)			
Since. Biolifot.				00.44
SUBTOTAL of Disbursements This Page (optional)				39.44

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SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 45 / 47 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D110373 American Express Date of Disbursement 2 9 **1** 2 2010 Mailing Address PO Box 53852 City State Zip Code Amount of Each Disbursement this Period ΑZ 85072-3852 Phoenix 4.95 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary Other (specify) President State: District: Full Name (Last, First, Middle Initial) Transaction ID: D109769 Bank Of America Merchant Services Date of Disbursement 0 1 2010 Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Amount of Each Disbursement this Period 99210-2485 Spokane WA 404.41 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	409.36
TOTAL This Period (last page this line number only)	•	539.86

Other (specify)

State:

A.

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50	CHEDULE B (FEC Form 3X)	Use ser	parate schedule(s)		NUMBER: PAGE 46 / 47						
IT	EMIZED DISBURSEMENTS	for each	category of the	(Crieck onli							
		Detailed	Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b						
	y Information copied from such Reports and Stat for commercial purposes, other than using the na	•		, , ,							
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
/	American Academy of Family Physician	s Political A	ction Committe	ee							
	Full Name (Last, First, Middle Initial)				Transaction ID: D109797						
	STIVERS FOR CONGRESS				Date of Disbursement						
	Mailing Address 4679 Winterset Drive				M2 M / D D / Y 2 0 1 0 Y						
	City	State	Zip Code		Amount of Each Disbursement this Period						
	Columbus	ОН	43220								
	Purpose of Disbursement Campaign contribution - debt retirement				5000.00						
	Candidate Name Rep. Steve Stivers			Category/ Type							
	Office Sought: X House Disbu Senate President	Primary Other (sp	2010 X General pecify)		Debt retirement-gen 2010						
	State: OH District: 15	``	· •								

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	—	5000.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 47								
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only one								
	In Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions refor commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee										
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Physician	s Political Action Committee									
	Full Name (Last, First, Middle Initial) Dr. Terrell Barnes Benold, MD Mailing Address 1313 Red River St Ste	100	Transaction ID: D117832 Date of Disbursement Max								
	City Austin Purpose of Disbursement	State Zip Code TX 78701-1923	Amount of Each Disbursement this Period 125.00								
	Refund of contribution to FamMedPAC Candidate Name	Cate	egory/ ppe								
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify) ▼									

SUBTOTAL of Disbursements This Page (optional)	•	125.00
TOTAL This Period (last page this line number only)	•	125.00